Fill	in this informa	tion to identify yo	our case:										
Deb	Debtor 1 BENNESHA MCCOY								Check if this is:  An amended filing				
Deb	tor 2								ů.	wing postpetition cha	apter		
(Spo	ouse, if filing)							13 (	expenses as of	the following date:			
Unit	ed States Bankr	uptcy Court for the	: EASTE	RN DISTRICT OF I	PENNSY	'LVANIA		MM	I / DD / YYYY				
	e number 23 nown)	-10778-amc											
Of	fficial Fo	rm 106J											
So	chedule	J: Your	Exper	ises							12/15		
info	ormation. If m		eded, atta	ch another sheet						or supplying correct your name and cas			
Par	t 1: Descr	ibe Your House	hold										
1.	_												
	■ No. Go to		in a senar	ate household?									
	□ 100. <b>D00</b>		iii a sepai	ate nousenoid.									
	=	-	st file Offici	al Form 106J-2, <i>Ex</i>	penses t	for Separate House	ehold of De	ebtor 2	2.				
2.	Do you have	denendents?	Пио										
۷.		you have dependents? ☐ No  not list Debtor 1 and btor 2. Fill out this information each dependent							Dependent's age	Does dependent live with you?			
	Do not state	the								□ No			
	dependents					Son			25	Yes			
										□ No			
										☐ Yes ☐ No			
										□ No □ Yes			
										□ No			
										☐ Yes			
3.	expenses of	enses include f people other t d your depende	han $_{m \Box}$	No Yes									
Par	t 2: Estima	ate Your Ongoi	ng Month	y Expenses									
exp	imate your ex enses as of a blicable date.	penses as of your date after the l	our bankr bankruptc	uptcy filing date u y is filed. If this is	nless yo a suppl	ou are using this fe emental <i>Schedule</i>	orm as a s e <i>J</i> , check	supple the b	ement in a Cha ox at the top o	apter 13 case to rep of the form and fill i	port n the		
				government assis									
	value of such ficial Form 10		d have inc	luded it on <i>Sche</i> a	lule I: Yo	our Income		_	Your exp	enses			
4.		r home owners		ses for your resid r lot.	l <b>ence.</b> In	clude first mortgag	e 4.	\$_		1,310.00			
	If not includ	ed in line 4:											
	4a. Real e	state taxes					4a.	\$		0.00			
		rty, homeowner's	s, or renter	's insurance			4b.	_		0.00			
			•	ıpkeep expenses			4c.	. —		100.00			
_		owner's associat				and the second second	4d.		·	0.00			
5.	Additional n	nortgage payme	ents for yo	our residence, such	n as hom	ne equity loans	5.	\$_		0.00			

lities:  Electricity, heat, natural gas  Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: od and housekeeping supplies ildcare and children's education costs othing, laundry, and dry cleaning rsonal care products and services dical and dental expenses ansportation. Include gas, maintenance, bus or train fare. not include car payments. tertainment, clubs, recreation, newspapers, magazines, and books aritable contributions and religious donations surance. not include insurance deducted from your pay or included in lines 4 or 20. a. Life insurance b. Health insurance c. Vehicle insurance d. Other insurance. Specify:  xes. Do not include taxes deducted from your pay or included in lines 4 or 20. ecify: tallment or lease payments: a. Car payments for Vehicle 1 b. Car payments for Vehicle 2 c. Other. Specify: d. Other. Specify: d. Other. Specify: ur payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). her payments you make to support others who do not live with you.	6a. 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17b. 17c. 17d.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	300.00 190.00 210.00 0.00 700.00 70.00 50.00 225.00 50.00 50.00 0.00 0.00
Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: od and housekeeping supplies ildcare and children's education costs othing, laundry, and dry cleaning rsonal care products and services dical and dental expenses ansportation. Include gas, maintenance, bus or train fare. not include car payments. tertainment, clubs, recreation, newspapers, magazines, and books aritable contributions and religious donations surance. not include insurance deducted from your pay or included in lines 4 or 20. a. Life insurance b. Health insurance c. Vehicle insurance d. Other insurance. Specify: xes. Do not include taxes deducted from your pay or included in lines 4 or 20. ecify: tallment or lease payments: a. Car payments for Vehicle 1 b. Car payments for Vehicle 2 c. Other. Specify: d. Other. Specify: ur payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17b. 17c. 17d.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	190.00 210.00 0.00 700.00 700.00 50.00 0.00 225.00 50.00 0.00 0.00
Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: od and housekeeping supplies ildcare and children's education costs othing, laundry, and dry cleaning rsonal care products and services dical and dental expenses ansportation. Include gas, maintenance, bus or train fare. not include car payments. tertainment, clubs, recreation, newspapers, magazines, and books aritable contributions and religious donations surance. not include insurance deducted from your pay or included in lines 4 or 20. a. Life insurance b. Health insurance c. Vehicle insurance d. Other insurance. Specify:  xes. Do not include taxes deducted from your pay or included in lines 4 or 20. ecify: stallment or lease payments: a. Car payments for Vehicle 1 b. Car payments for Vehicle 2 c. Other. Specify: ur payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17b. 17c. 17d.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	190.00 210.00 0.00 700.00 700.00 50.00 0.00 225.00 50.00 0.00 0.00
Telephone, cell phone, Internet, satellite, and cable services Other. Specify: od and housekeeping supplies ildcare and children's education costs othing, laundry, and dry cleaning rsonal care products and services dical and dental expenses ansportation. Include gas, maintenance, bus or train fare. not include car payments. tertainment, clubs, recreation, newspapers, magazines, and books aritable contributions and religious donations surance. not include insurance deducted from your pay or included in lines 4 or 20. a. Life insurance b. Health insurance c. Vehicle insurance d. Other insurance. Specify:  testallment or lease payments: a. Car payments for Vehicle 1 b. Car payments for Vehicle 2 c. Other. Specify: d. Other. Specify: ur payments of alimony, maintenance, and support that you did not report as ducted from your pay or lincome (Official Form 106I).	6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17d. 17c. 17d. 17d.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	210.00 0.00 700.00 70.00 50.00 0.00 225.00 50.00 50.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00
Other. Specify: od and housekeeping supplies ildcare and children's education costs othing, laundry, and dry cleaning rsonal care products and services idical and dental expenses ansportation. Include gas, maintenance, bus or train fare. not include car payments. tertainment, clubs, recreation, newspapers, magazines, and books aritable contributions and religious donations surance. not include insurance deducted from your pay or included in lines 4 or 20. a. Life insurance b. Health insurance c. Vehicle insurance d. Other insurance. Specify: xes. Do not include taxes deducted from your pay or included in lines 4 or 20. ecify: stallment or lease payments: a. Car payments for Vehicle 1 b. Car payments for Vehicle 2 c. Other. Specify: ur payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17b. 17c. 17d. 17d.	\$	0.00 700.00 700.00 70.00 50.00 0.00 225.00 50.00 5.00 0.00 0
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ildcare and children's education costs othing, laundry, and dry cleaning rsonal care products and services dicial and dental expenses ansportation. Include gas, maintenance, bus or train fare. not include car payments. tertainment, clubs, recreation, newspapers, magazines, and books aritable contributions and religious donations surance. not include insurance deducted from your pay or included in lines 4 or 20. a. Life insurance b. Health insurance c. Vehicle insurance d. Other insurance. Specify: tess. Do not include taxes deducted from your pay or included in lines 4 or 20. ecify: tallment or lease payments: a. Car payments for Vehicle 1 b. Car payments for Vehicle 2 c. Other. Specify: the Other. Specify: tur payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17d. 17c. 17d. 17d.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 70.00 50.00 0.00 225.00 50.00 5.00 0.00 0
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rsonal care products and services dical and dental expenses ansportation. Include gas, maintenance, bus or train fare. not include car payments. tertainment, clubs, recreation, newspapers, magazines, and books aritable contributions and religious donations surance. not include insurance deducted from your pay or included in lines 4 or 20. a. Life insurance b. Health insurance c. Vehicle insurance d. Other insurance. Specify:  xes. Do not include taxes deducted from your pay or included in lines 4 or 20. ecify: stallment or lease payments: a. Car payments for Vehicle 1 b. Car payments for Vehicle 2 c. Other. Specify: ur payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17d. 17a. 17b. 17c. 17d.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	50.00 0.00 225.00 50.00 5.00 0.00 0.00 0
dical and dental expenses ansportation. Include gas, maintenance, bus or train fare. not include car payments. tertainment, clubs, recreation, newspapers, magazines, and books aritable contributions and religious donations surance. not include insurance deducted from your pay or included in lines 4 or 20. a. Life insurance b. Health insurance c. Vehicle insurance d. Other insurance. Specify: tess. Do not include taxes deducted from your pay or included in lines 4 or 20. ecify: tallment or lease payments: a. Car payments for Vehicle 1 b. Car payments for Vehicle 2 c. Other. Specify: the Other. Specify: tur payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	11. 12. 13. 14. 15a. 15b. 15c. 15d. 17d. 17a. 17b. 17c. 17d.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 225.00 50.00 5.00 0.00 0.00 0.00 0.
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aritable contributions and religious donations furance.  not include insurance deducted from your pay or included in lines 4 or 20.  a. Life insurance b. Health insurance c. Vehicle insurance d. Other insurance. Specify:  Exes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Recify:  Recification of lease payments: a. Car payments for Vehicle 1 b. Car payments for Vehicle 2 c. Other. Specify: d. Other. Specify:  ur payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	14.  15a. 15b. 15c. 15d.  16.  17a. 17b. 17c. 17d.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00
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c. Vehicle insurance d. Other insurance. Specify:  xes. Do not include taxes deducted from your pay or included in lines 4 or 20. ecify: stallment or lease payments: a. Car payments for Vehicle 1 b. Car payments for Vehicle 2 c. Other. Specify: d. Other. Specify: ur payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	15c. 15d. 16. 17a. 17b. 17c.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00
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c. Car payments for Vehicle 2 c. Other. Specify: d. Other. Specify: ur payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	17b. 17c. 17d.	\$	0.00 0.00
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ur payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).			
ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		Ψ	
		\$	0.00
		\$	0.00
ecify:	19.	·	
her real property expenses not included in lines 4 or 5 of this form or on Sch		our Income.	
a. Mortgages on other property	20a.		0.00
	20b.	\$	0.00
c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
· ·		·	0.00
		·	0.00
har Specific		·	0.00
lier. Specify.		ΤΨ	0.00
Iculate your monthly expenses			
a. Add lines 4 through 21.		\$	3,210.00
o. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
c. Add line 22a and 22b. The result is your monthly expenses.		\$	3,210.00
			3,2.0.00
			3,793.45
c. Copy your monthly expenses from line 22c above.	23b.	-\$	3,210.00
	00-	<b>Q</b>	583.45
The result is your <i>monthly net income</i> .	23C.	Ψ	303,43
		c. Property, homeowner's, or renter's insurance d. Maintenance, repair, and upkeep expenses e. Homeowner's association or condominium dues her: Specify:  cliculate your monthly expenses a. Add lines 4 through 21. b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 c. Add line 22a and 22b. The result is your monthly expenses. cliculate your monthly net income. a. Copy line 12 (your combined monthly income) from Schedule I. b. Copy your monthly expenses from line 22c above.  c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. b. You expect an increase or decrease in your expenses within the year after you file this	c. Property, homeowner's, or renter's insurance d. Maintenance, repair, and upkeep expenses e. Homeowner's association or condominium dues her: Specify:  21. +\$  c. Add lines 4 through 21. b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 c. Add line 22a and 22b. The result is your monthly expenses.  c. Copy line 12 (your combined monthly income) from Schedule I. b. Copy your monthly expenses from line 22c above.  23a. \$  25c. Subtract your monthly expenses from your monthly income.